



- Visiting Student Affairs in Person OR BY
- Email at admissions@nunez.edu OR BY
- Fax at (504)278-6487

Important: Make a copy for your records before submitting

Proof of Immunization Compliance

(Louisiana R.S. 17:170 Schools of Higher Learning) (Louisiana ACT 394 and 711)

STUDENT COMPLETES	Name _____ <div style="display: flex; justify-content: space-between; width: 90%; margin: 0 auto;"> Last First M. (Jr. Sr. III, etc.) </div>
	Date of Birth ____/____/____ Banner /Student ID #: _____

PHYSICIAN COMPLETES	PHYSICIAN/HEALTH CARE PROVIDER VERIFICATION: (see other side)																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Measles (Rubeola)</td> </tr> <tr> <td>1st Immunization: _____ and _____ (date)</td> </tr> <tr> <td>2nd Immunization: _____ or _____ (date)</td> </tr> <tr> <td>Disease diagnosis: _____ or _____ (date)</td> </tr> <tr> <td>Serologic test: _____ (date and result)</td> </tr> </table>	Measles (Rubeola)	1 st Immunization: _____ and _____ (date)	2 nd Immunization: _____ or _____ (date)	Disease diagnosis: _____ or _____ (date)	Serologic test: _____ (date and result)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Rubella</td> </tr> <tr> <td>Immunization: _____ or _____ (date)</td> </tr> <tr> <td>Serologic test: _____ and _____ (date)</td> </tr> <tr> <td>Result: _____ (date)</td> </tr> </table>	Rubella	Immunization: _____ or _____ (date)	Serologic test: _____ and _____ (date)	Result: _____ (date)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Mumps</td> </tr> <tr> <td>Immunization: _____ or _____ (date)</td> </tr> <tr> <td>Disease diagnosis: _____ or _____ (date)</td> </tr> <tr> <td>Serologic test: _____ (date and result)</td> </tr> </table>	Mumps	Immunization: _____ or _____ (date)	Disease diagnosis: _____ or _____ (date)	Serologic test: _____ (date and result)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Tetanus-Diphtheria</td> </tr> <tr> <td>Immunization: _____ (date w/in 10 yrs.)</td> </tr> <tr> <td style="text-align: center;">Poliomyelitis</td> </tr> <tr> <td>Immunization dates:</td> </tr> <tr> <td>1st dose _____ 2nd dose _____</td> </tr> <tr> <td>3rd dose _____ 4th dose _____</td> </tr> </table>	Tetanus-Diphtheria	Immunization: _____ (date w/in 10 yrs.)	Poliomyelitis	Immunization dates:	1 st dose _____ 2 nd dose _____
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_____	_____	_____ (please place address or stamp above)																				
signature of physician or health care provider	date																					

WAIVER OF MENINGITIS VACCINATION AND RELEASE FROM RESPONSIBILITY:

I HAVE BEEN FULLY INFORMED BY READING THE CENTERS FOR DISEASE CONTROL AND PREVENTION MENINGITIS VACCINE INFORMATION STATEMENT AND UNDERSTAND THE POSSIBLE AND PROBABLE ADVERSE CONSEQUENCES. I UNDERSTAND THAT MY HEALTH COULD BE NEGATIVELY AFFECTED AND MY LIFE POSSIBLY ENDANGERED BY NOT RECEIVING THE VACCINE.

The reason for not being vaccinated is: (check one):

____personal ____unavailability of vaccine (I have provided a statement verifying that I have tried to receive the vaccine but could not find any)

____religious ____medical ____I am an online student and will not be on the campus for courses

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition due to this refusal.

I do further hereby now and forever free and release the College and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of this refusal.

I certify that I have read (or had read to me) and that I fully understand this release from responsibility. All explanations were made to me and all blanks filled in before I signed my name.

____ month ____ day ____ year ____ time _____ printed name _____ signature

REQUEST FOR EXEMPTION FOR MEASLES, MUMPS, RUBELLA, TETANUS-DIPHTHERIA, PERTUSSIS, HAEMOPHILUS INFLUENZAE B (HIB), AND POLIOMYELITIS:

If you request exemption for medical or personal reasons, please check the appropriate response and provide the information requested.

1. Medical reason; use lines below for physician's statement.

2. Personal reason; state reason on lines below.

I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

Student signature

date

parent/guardian signature (if required)

date

Return this form to the enrollment or admissions department at your college.

Louisiana law requires immunization against measles, mumps, rubella, whooping cough (Pertussis), Meningococcal Disease, Haemophilus Influenzae B (Hib), Poliomyelitis, and tetanus-diphtheria for all first-time Louisiana Community and Technical College System students born after 1956.

To all first-time freshmen regardless of age:

Where to locate your immunization record(s): Your immunization (shot) record may be found in your family records, such as a baby book, or in a booklet that may have been written in by your doctor or public health clinic provider each time you received a vaccination. You may want to check for records with your doctor or public health clinic. Keep in mind, however, that immunization records are maintained for a variable number of years and then usually only by the medical provider who actually administered the vaccines to you.

As a last resort, and if you are a graduating high school senior, school personnel may be able to locate immunization records in your cumulative or health folder before your graduation. After you graduate, records are sent to storage and may not be accessible. Shot records or reasonably authentic copies of records (such as those from a baby book or school health record), which indicate specific information such as your name, date of birth, and the dates of the shots you had, should be acceptable documentation of the immunizations you received previously.

These records should be taken with you to your doctor or a local public health clinic for a possible up-date of your immunization status. A visit to your doctor or public health clinic will be needed to have your Proof of Compliance form signed and/or to interpret your old records in view of changes in health care standards since your early childhood. Take care of this important matter as soon as you can, and most certainly before registration.

To the physician or medical provider:

Please do not sign this compliance form unless the student has proper vaccines or immune tests.

The following guidance is presented for the purpose of implementing the requirements of Louisiana R.S. 17:170, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA).

Louisiana R.S. 17:170 requirements: Two (2) doses of measles vaccine; at least one (1) dose each of rubella and mumps vaccine; one (1) tetanus-diphtheria booster; one (1) meningococcal vaccine, Hib vaccine, and Poliomyelitis vaccine.

Measles requirement: Two (2) doses of live vaccine given at any age, except the vaccine must have been given on or after the first birthday in 1968 or later, and without immune globulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

Tetanus-diphtheria requirement: A booster dose of the vaccine given within the past ten (10) years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

Meningococcal vaccine requirement: one (1) dose within the past ten (10) years.

ALL FIRST TIME FRESHMAN REGARDLESS OF AGE MUST PROVIDE:

Meningococcal Vaccine Requirement: One dose of vaccine given within the past ten (10) years.

NOTE: In most cases, student compliance will require a second dose of measles vaccine (preferably as MMR; measles, mumps, and rubella live vaccine) and a dose of tetanus-diphtheria (Td, adult type). In cases where no records can be located, or especially when immunization in the past is doubtful, two doses of MMR separated by a minimum of 30 days may be indicated. Evidence of vaccination or immunity against measles, rubella, mumps, tetanus-diphtheria can be established by either reviewing a previous written record of vaccination or administering the vaccine at present.

Serologic testing is acceptable evidence of immunity, but should not be routinely performed unless specifically requested by the patient, and if testing is appropriate or available. Practically speaking, immunization is preferable to serologic testing because of the relative costs and time. In all instances when vaccine administration is considered, MMR and tetanus-diphtheria are the products of choice for use in adults unless a specific contraindication is present.